## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	
	C C00554774
Check if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
JacksonJambalaya.com	M M / D D / Y Y Y Y
Mailing Address 5106 Old Caton Road	02 10 2014 Amount
City State Zip Code  Jackson MS 39211	2200.00 Transaction ID : SE.4123
	Date of Disbursement or Obligation
Purpose of Expenditure Blog advertisement  Category/ Type 004	02 10 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President X Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbut 221740.00  Disbut 221740.00	ursement For:
Full Name of Payer	
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
	D. (D.)
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbr	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2200.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	2200.00
	2200.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Mr. Rvian Parry	
	02 10 2014
Signature	